

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10050670** FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6					1	
7						1
8					1	
9						1
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50						
TOTAL IND.					2	
TOTAL DEP.					9	
TOTAL CLAIMS					11	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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